NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

Total Fee Calculation

	Fee Code	Total # Claims	Number Exce	•		
•	S⊏√೭ಫ		<u> </u>	<u>F</u> ≈	Fee =	Total
Basic Filling Fee	<u> 201/161</u>			Sm. Estity	La Estity	<u> </u>
Total Claims >20	203/103	41	21		760	
Independent Claims >3	202/103	-20 =	X X		378	
Mult. Dep Claim Present	204/104	-0 -3 =	2x		39D	
Surchaese						
English Translation	<u>205/105</u> <u>139</u>				130	
TOTAL FEE CALCON					450	7

TOTAL FEE CALCULATION

Fees due upon filing the application:

FORM OFF-PLAM-01 (Flat, 5/97)